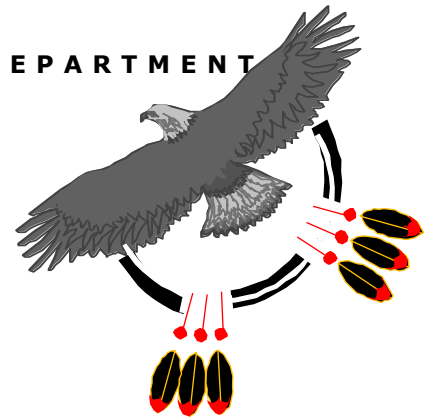


**MENOMINEE COUNTY HUMAN SERVICES DEPARTMENT**



**TO:** Menominee County/Reservation Residents  
**FROM:** Shannon Wilber, Executive Director  
Menominee County Human Services Department  
**DATE:** November 15, 2024  
**RE:** Menominee County Human Services Department 2024-2026 Strategic Plan

Attached you will find an updated Menominee County Human Services Department (MCHSD) 2024-2026 Strategic Plan. This plan is the result of work completed through 2024 which included assessing community to determine a process to effectively adjust and make improvements to programming as reflected in this plan within the mission, vision, goals and objectives for our Department.

The MCHSD serves many clients each year with **27.5** positions that work in partnership with our community to provide, purchase, and coordinate a wide-range of high-quality prevention, intervention, and protective services in response to public need and state mandates.

Our department worked to define priority directions that designed a future through focused planning and strategic thinking, we are ever-mindful of expectations of taxpayers, grant-making bodies, and other funding sources to ensure that their investments in the work of MCHSD pay dividends. To identify unmet needs in our community, we compiled information from various sources that include Federal, State, and County data. We also obtained input from the community through our Community Survey. Through these contributions all the information helped create a consensus on key issues and focus areas to guide our future.

Thank you,

Shannon Wilber, M.S.W.  
Executive Director

**Mission**

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Provide culturally competent services to protect & strengthen our community while promoting an overall sense of health & wellbeing.

### **Vision**

Menominee County envisions a service delivery system which: Strengthens families; Encourages healthy behaviors; Promotes integrated services of value to county residents; Protects vulnerable children adults and families; Provides elderly and disabled individuals with cost-effective living choices and support towards independence; Partners with individuals and community; Promotes a responsive and proactive community.

### **SWOT Analysis**

**STRENGTHS**

- Willingness to work together
- Fiscal/billing capabilities
- Determination
- Good Benefits/pension
- People are resourceful
- Creative
- Meet individual needs
- Positive Attitude
- Heartfelt & Compassionate
- Will go above & beyond
- Works with minimal resources
- Lot of interaction
- People are friendly
- Educated to provide services in a Trauma Informed manner to provide culturally appropriate service delivery
- Staff are well versed for multiple roles

**WEAKNESSES**

- Technology Capabilities
- Staff Retention/Recruitment
  - Short Staff
  - Long Hours
  - Poor Pay
  - Skilled/Qualified staff
- Low Morale
  - Trauma (own and Vicarious)
  - Burnout
- Inability to problem solve and provide constructive feedback
- Lack of Internal Resources
  - Not enough people, spread too thin
  - Supports/Services to meet the need
- Lack of Funding
  - County Budget
  - State/Federal
  - Low tax base
- Communication challenges
- Tribal Relations for Youth & Mental Health
- Wrong Perception of Us
- Trauma Informed education is needed

**OPPORTUNITIES**

- Changing Negative Perceptions (support goes two (2) ways)
- Good relationship among staff
- Tribal Relationship with AODA/Opioid/Addiction Services
- Funding Opportunities
- Educational Loan Repayment Opportunity
- Maximize the use of skilled staff that we currently have
- Enhance what we currently have; make programming better
- Tribal/Community Relationship improvement since we serve the same population/community
- Every contact is an opportunity to build relationships (Personal/Organizational)
- Equity and Inclusion
  - Equal and accessible services
  - Inclusion in community
  - Networking with serv/programs
  - Amongst HSD Staff is important

**THREATS (Challenges)**

- Negative Community Perception
- Lack of collaboration
- Leadership does not understand what frontline workers do or how programs function
- Lack of trust
  - Leadership
  - Each other
  - Community
  - Future??
- Staff feeling over-worked and not appreciated. Continual “piling”
- Lack of Cultural Understanding
- Loss of Programming
- Trauma Informed Care: not walking the walk or talking the talk.
- Training and education for Medicaid programs
- Crisis world we live in

**Human Service Goals**

**Goal 1: Provide Trauma Informed and culturally appropriate services to children, youth, elders and families.**

UNIT	OBJECTIVE	Programs/Services Provided
<b>Administrative and Support Operations</b>	<ol style="list-style-type: none"> <li>1) Continue to assess unit needs;</li> <li>2) Attract, retain, develop and effectively utilize a diverse workgroup;</li> <li>3) Increase emergency management needs for organization and community response</li> <li>4) Measure and monitor security delegation needs of all systems (TCM, eWisacwis, Laserfische, Forward Health, WPS, WAMS, PPS, etc)</li> <li>5) Measure and communicate system performance for each MCHSD unit to maximize billing/revenue potential;</li> <li>6) Increase early childhood initiatives and safety by increasing childcare certifications;</li> <li>7) Support organization through better communication with entire staff;</li> <li>8) Increase customer service training and awareness initiatives;</li> <li>9) Utilize satisfaction surveys to provide opportunity for community input on a daily basis;</li> <li>10) Incorporate activities that increase staff morale</li> </ol>	<p><b>Recruitment</b> efforts to attract, retain and develop staff through the processes of using Indeed, county/tribal website, College of Menominee Nation and other community postings.</p> <p><b>Review Emergency Management</b> protocols so staff are skilled and knowledgeable about steps to take when a natural or other disaster occurs either in agency or within the community that requires our teams to be activated for emergency shelters or support to other agencies.</p> <p><b>Security Delegate</b> is required to ensure state compliance to systems and data bases needed to enter information or access confidential information required by state statute. This function performs access or username and password set up, monthly security checks on systems to be sure that areas of access are following requirements or trouble shoots and assists staff with access issues.</p> <p><b>IT/Systems monitoring</b> that Identify areas of improvement in existing IT systems to enhance IT support for effective program management.</p> <p><b>Child Care Certification</b> is through the Department of Children and Families to Certify child care providers within Menominee County. Child care providers are eligible to accept Wisconsin Shares Child Care Subsidy eligible children. Recruitment and outreach are needed to provide information regarding the process for child care providers to be reimbursed for both meals and snacks. HSD has a current contract in place with Brown County Child Certifying Agency; this is on a trial basis to increase child care providers within our community.</p> <p><b>Contract Support-</b> Works with Behavioral Health and Family Services Units to contract with facilities locally and regionally for psychological testing and evaluation, residential living services, psychiatric hospital diversion, inpatient/acute psychiatric care, inpatient substance abuse detoxification and treatment, and residential substance abuse treatment.</p> <p><b>Fees-</b> Monitor and Up Date as needed. Based upon a client's ability to pay. A sliding fee scale is utilized for those without medical insurance coverage. An exception is the Intoxicated Driver Program which has a set fee and must be paid prior to assessment and treatment. Clients are responsible for actual costs. Payment plans may be available. Medical Assistance, Medicare or private insurance is billed when applicable.</p> <p><b>Services are based on</b> funding and on availability of open appointments with staff. A waiting list is allowable for outpatient services.</p> <p><b>Services are based on individual client needs and preferences</b> and are provided by the department directly, through contractual basis by private providers or through referral to other available providers. Funding for services is provided by State and Federal funding sources, private payments, private insurance, revenues and County funds.</p> <p><b>Customer Service initiatives</b> needed to improve and increase customer service skills to promote awareness and satisfaction among clients through surveys.</p> <p><b>TCM</b> data entry. It is important to have system consistently updated for ease of transitioning into a better-quality system.</p> <p><b>Agency Scheduling/Calendars</b> Coordinate and organize the calendars for the agency, Family Advocacy Center and CIRCLE House to maximize space;</p> <p><b>ALL Staff In-Services</b> to provide education and training needed for equity, diversity and inclusion that will enhance customer service and internal relationships with others.</p>
<b>Family Services and Family Advocacy Center</b>	<ol style="list-style-type: none"> <li>1) Continue to assess unit needs;</li> <li>2) Maintain training manual in order to monitor culturally appropriate services and consistency across unit;</li> <li>3) Increase intervention and early intervention opportunities to promote positive youth development;</li> <li>4) Continue to collaborate the use of Menominee Tribal Transit system;</li> <li>5) Increase collaboration and</li> </ol>	<p><b>Birth to 3 Program</b> serves children under the age of 3 with developmental delays, <b>atypical behaviors</b> and disabilities.</p> <p><b>Children's Long-Term Support Waiver Program (CLTS)</b> Is a Home and Community-Based Service (HCBS) Waiver that provides Medicaid funding for children who have substantial limitations in their daily activities and need support to remain in their home or community. Eligible children include those with developmental disabilities, severe emotional disturbances, and physical disabilities.</p> <p><b>Children's Community Options Program (CCOP)</b> provide a coordinated approach to supporting families who have a child with a disability.</p> <p><b>Child Welfare/Child Protective Services</b> provide case management and support services that include: Child in Need of Protective Services (CHIP)/Juvenile in Need of Protective Services (JIPS) petitions, safe home checks/assessments, Medical Services-Taking clients to Dr. Appointments. Tribal Daycare referrals, Kinship care referrals, Respite referrals, AODA referrals and additional referrals include: Food distribution, Foster Care placements, Relative placements, Child Advocacy Center ex. Child forensic interviews. Behavioral Health Services referrals, Child Care referrals, Transportation services Community Resource Center referrals, Food Share program referrals, and TANF program referrals.</p> <p><b>Foster Care</b> provides case management along with Child Protective Services and Child Welfare in order to place a child in a</p>

	<p>communication with other community partners;</p> <ol style="list-style-type: none"> <li>6) Improve alternatives to inpatient care for children;</li> <li>7) Maximize caseload capacity while enhancing the timely screening in/out processing of new CPS or CW referrals/calls;</li> <li>8) Maximize TSSF initiatives;</li> <li>9) Emphasize Family First Initiatives</li> </ol>	<p>temporary, non-restrictive, safe living environment. Homes are state certified and have passed rigorous background checks and safety inspections.</p> <p><b>Independent Living Program (ILP)</b> Case management services are provided to youth who are placed in out of home care for more than six months. Services provided include: budgeting, planning, educational support, mentoring, referrals to other service providers for counseling, etc. Worked with College of Menominee Nation to enroll 3-clients.</p> <p><b>Youth Justice</b> Wisconsin Statute Chapter 938 governs Juvenile Justice. Reports are received from Law Enforcement for law violations committed by youth who have not obtained their 17th birthday. The purpose is to monitor behavior, establish rules of conduct, prevent inappropriate behavior, and provide or arrange services to address the problem.</p> <p><b>Advocacy for Children</b> provides education, case management services and referrals for children who are survivors of sexual assault, domestic violence and/or interpersonal violence.</p> <p><b>Targeted Safety Support Funds (TSSF)</b> initiative serves families when children are unsafe and at risk of removal from their home. TSSF reduces trauma to children by keeping children safely in home with their families. It provides support and resources to build on family strengths. The primary goal of the Wisconsin Targeted Safety Support Funds (TSSF) Program is to keep families together by: Increasing parental protective capacities, Decreasing out-of-home placements, Helping families develop formal and informal supports and Reducing maltreatment to children.</p> <p><b>Family First initiatives</b> was signed into law in February 2018, provides and opportunity for positive change and supports ongoing efforts to keeping children and teens safely with their own family and to avoid the often traumatizing experience of unnecessary placement into the foster care system. This funding allows preventive services, within a family-based environment meaning parents, relatives, like-kin, Foster-parents and then finally institutional care if needed.</p> <p>Utilize Children Treatment Alternative listing as a resource for children as an alternative to institutional placements for high behavior and mental health needs.</p>
<p><b>Behavioral Health</b></p>	<ol style="list-style-type: none"> <li>1) Continue to assess area needs;</li> <li>2) Increase the amount of crisis linkage and follow up post-psychiatric hospitalization;</li> <li>3) Increase outpatient clinic hours;</li> <li>4) Enhance the Community Support Program infrastructure to better meet the needs of the community;</li> <li>5) Increase collaboration and communication with other community partners;</li> <li>6) Reduce delays in transitioning hard to serve mentally ill or behaviorally challenged individuals out of high cost specialized facilities;</li> <li>7) Develop alternative treatment and placement options for people with challenging behaviors;</li> <li>8) Coordinate Comprehensive Community Services;</li> <li>9) Increase the use of the CIRCLE House</li> <li>10) Increase the use of Menominee Tribal Transit</li> </ol>	<p><b>Provide a broader array of AODA</b> Outpatient, Prevention, and Outreach services in a culturally responsive and developmentally appropriate way to better meet the needs of the community. NARCAN training and educational AODA prevention programming in the schools.</p> <p><b>CIRCLE House</b> use to allow for services on a daily basis to the Neopit area. The agency can bill for Walk-In Crisis Services however more effort to coordinate and organize the calendar to include Behavioral Health Services at this facility will be beneficial. Services may include: Individual sessions, Intensive Outpatient Services, Aftercare, Psychoeducation groups, Adolescent Prevention Groups, Peer Support</p> <p><b>CCS or Comprehensive Community Services Program</b> is a voluntary recovery program for children and adults. CCS is a service facilitation model designed to serve children and adults with mental health disorders and/or substance abuse disorder. Program has the capacity to capture 100% reimbursement of qualified services provided.</p> <p><b>Strength Based Assessments</b> for mental health and substance abuse needs</p> <p><b>Recovery Focused Counseling Services</b> for individuals, couples and families to address mental health and substance abuse issues</p> <p><b>24-hour crisis intervention program</b></p> <p><b>Assessment, treatment and referral services for intoxicated drivers (IDP)</b></p> <p><b>Psychiatric evaluations and psychotropic medication management</b></p> <p><b>Case Management</b> services including information and referral, assistance with accessing benefits and completing necessary applications and forms, and coordination of services for mental health and substance abuse clients</p> <p><b>Outreach, Prevention activities and Community education</b> through the use of both SOR and AODA prevention funding that promotes alcohol and drug free initiatives.</p> <p><b>Court ordered evaluations and treatment</b> for mental health and substance abuse commitments</p> <p><b>Monitoring of mental health and substance abuse commitments</b> for the greater community and for those that are incarcerated.</p> <p><b>Outpatient treatment</b> is provided to Menominee County residents on a voluntary or court ordered basis. New clients are enrolled in service programs based on availability of appointments, caseloads of current case workers and funding availability. All new clients will have an initial assessment to determine their strengths and needs.</p> <p><b>24 – Hour Crisis Intervention Services</b> - Emergency services are provided 24 hours a day, seven days a week. Services include telephone counseling, risk assessment, crisis intervention and stabilization, coordination of emergency hospitalizations and follow-up with linkage to resources.</p> <p><b>Counseling/Therapeutic Resources</b> - Individual and family therapy for mental health and substance abuse disorders are provided directly or through referral. Psychiatric and psychological services are available based on</p>

	<p>System;</p> <p>11) Utilize satisfaction surveys to provide opportunity for community input on a daily basis;</p>	<p>availability of appointments and funding, including the provision of Tele-health psychiatric services. The use of Tele-health technology to link providers and clients in different locations allows for quality psychiatric care with interactive consultation, assessment and pharmacological management with greater access and frequency. Tele-health increases client access to psychiatric care and reduces travel time and cost for providers.</p> <p><b>Community Support Program (CSP)</b> - CSP helps clients diagnosed with a severe and persistent mental illness to live independently in the community they choose, with services they feel improve their quality of life and meet their needs. CSP is a voluntary, recovery focused program that is very intensive. Services are provided in the clients' homes and community rather than in the office, and include psychotherapy, psychiatric care, psych-social rehabilitative living skills training. There is a restriction on the number of individuals that can be served by a case worker. Services are limited based on available funding and available case workers.</p> <p><b>Inpatient Treatment</b> - Services are arranged for emergency and non-emergency psychiatric and substance abuse hospitalizations. The Agency may assist with admission to an appropriate hospital or treatment facility, and follow up with the client regarding discharge recommendations.</p> <p><b>Detoxification</b> - Detoxification services are contracted with area hospitals to provide medically managed/safe withdrawal from alcohol and other substances.</p> <p><b>Community Based Treatment/Transitional Living</b> - A placement in a halfway house or a CBRF (Community Based Residential Facility) may be short term if the client is transitioning between the hospital or residential treatment and home. Long term placements may be utilized if the client needs ongoing supervision or has complex medical and psychiatric needs. Placement is provided for mental health and substance abuse clients, and is based on client needs and preferences, availability of rooms at the facilities and available funding.</p> <p><b>Intoxicated Driver Program (IDP) / Operating While Intoxicated (OWI) Assessments</b> – Assessments are provided by Certified IDP Assessors, and are conducted on clients convicted by either circuit or tribal court, of driving while intoxicated. Assessments determine the extent of a substance abuse disorder and recommendations are made</p> <p><b>Adult Protective Services (APS)</b> Is <i>an-at will service. A competent person or a guardian has a right to refuse this service.</i> Provided to any adult over 18 who is suffering from or endanger of experience: Neglect – significant danger to a person(s) physical or mental health when a person responsible for his or her care is unable or fails to provide adequate food, shelter, clothing, or medical/dental care. Self Neglect – significant danger to a person(s) physical or mental health when the person(s) is responsible for his or her own care but is unable to provide food, shelter, clothing, or medical/dental care; Physical Abuse – the willful affliction of physical pain or injury or unreasonable confinement on a person(s); Material Abuse/Financial exploitation – is the misuse of a person(s) property or financial resources; The main focus of adult protective services is to relieve the individual of any form of abuse and to maintain them in the least restrictive and safest environment. Services that may be provided: Information and Referral for outside services, Guardianship of the Person and/or Protective Placements, Residential Settings, and Case Management.</p> <p><b>Protective Placements/Representative Payee</b> is provided when individuals are unable to make appropriate decisions and require the protection of society, court intervention is sought. The law focuses on persons who have been declared incompetent. Services may occur in the community, nursing home, or other similar facility that provides the least restrictive environment to meet the person's needs.</p> <p><b>Guardianship</b> - State statutes govern the standards and procedures for guardianship of persons who are mentally incompetent. A guardian may be appointed to manage an individual's financial and/or personal affairs.</p>
<p><b>Fiscal</b></p>	<p>1) Continue to assess unit needs;</p> <p>2) Train and Educate staff of fiscal, contract process and grant management;</p> <p>3) Increase communication between fiscal and other units.</p>	<p><b>Fiduciary</b> assistance and oversight of HSD financials according to the accounting principles per Menominee County Accounting Policy and Procedures.</p>

**Goal 2: Increase quality assurance efforts to anticipate and correct weaknesses ahead of regulatory review/audit and comply with QA Standards.**

UNIT	OBJECTIVE	Program/Services Provided
<p><b>Administrative and Support Operations</b></p>	<ol style="list-style-type: none"> <li>1) Continue to assess area needs;</li> <li>2) Measure and communicate system performance for each MCHSD unit toward quality improvement;</li> <li>3) Support organization through increased communication with entire staff;</li> <li>4) Identify areas of improvement in existing IT systems</li> </ol>	<p><b>Review and monitor DQA</b> review/audit findings and corrective action for program/process improvement; Increase opportunities to <b>Train/Educate staff</b> as it relates to roles and responsibilities of program services, customer service, client complaints, HIPAA/Confidentiality, client files, recordkeeping/documentation procedures, and time keeping/time log tracking/documenting;</p> <p><b>Monitor IT System</b> needs to be sure that eWisacwis and TCM are user friendly.</p>
<p><b>Family Services and Family Advocacy Center</b></p>	<ol style="list-style-type: none"> <li>1) Continue to assess unit needs to accurately reflect each program guidelines, rules and regulations;</li> <li>2) Monitor all financial processes to be sure that we have all proper authorizations or approvals in place;</li> <li>3) Continue to provide training opportunities toward quality visitation, contacts, teaming and case management skills;</li> <li>4) Continue training opportunities to staff for better time keeping/time log tracking/documenting;</li> <li>5) Support organization through better communication with entire staff;</li> <li>6) Monitor the timely screening in/out processing of new CPS or CW referrals/calls;</li> <li>7) As available promote opportunities for continuing education units/training to maintain and obtain certification for increased integrity of programming;</li> <li>8) Coordinate and organize calendar that meets the child/family visitation schedules for children who are removed from the home and require face-to-face visits with family</li> <li>9) Coordinate and organize</li> </ol>	<p><b>Birth to 3 Program</b> serves children under the age of 3 with developmental delays, <b>atypical behaviors</b> and disabilities.</p> <p><b>Children’s Long-Term Support Waiver Program (CLTS)</b> Is a Home and Community-Based Service (HCBS) Waiver that provides Medicaid funding for children who have substantial limitations in their daily activities and need support to remain in their home or community. Eligible children include those with developmental disabilities, severe emotional disturbances, and physical disabilities.</p> <p><b>Children’s Community Options Program (CCOP)</b> provide a coordinated approach to supporting families who have a child with a disability.</p> <p><b>Child Welfare/Child Protective Services</b> provide case management, Access screen in/out and support services that include: Child in Need of Protective Services (CHIP)/Juvenile in Need of Protective Services (JIPS) petitions, safe home checks/assessments, Medical Services-Taking clients to Dr. Appointments. Tribal Daycare referrals, Kinship care referrals, Respite referrals, DV shelter referrals, AODA referrals and additional referrals include: Food distribution, Foster Care placements, Relative placements, Child Advocacy Center ex. Child forensic interviews. Behavioral Health Services referrals, Child Care referrals, Transportation services Community Resource Center referrals, Food Share program referrals, and TANF program referrals.</p> <p><b>Foster Care</b> provides case management along with Child Protective Services and Child Welfare in order to place a child in a temporary, non-restrictive, safe living environment. Homes are state certified and have passed rigorous background checks and safety inspections.</p> <p><b>Independent Living Program (ILP)</b> Case management services are provided to youth who are placed in out of home care for more than six months. Services provided include: budgeting, planning, educational support, mentoring, referrals to other service providers for counseling, etc. Worked with College of Menominee Nation to enroll 3-clients.</p> <p><b>Youth Justice</b> Wisconsin Statute Chapter 938 governs Juvenile Justice. Reports are received from Law Enforcement for law violations committed by youth who have not obtained their 17th birthday. The purpose is to monitor behavior, establish rules of conduct, prevent inappropriate behavior, and provide or arrange services to address the problem.</p> <p><b>Advocacy for Children</b> provides education, case management services and referrals for children who are survivors of sexual assault, domestic violence and/or interpersonal violence.</p> <p><b>Targeted Safety Support Funds (TSSF)</b> initiative serves families when children are unsafe and at risk of removal from their home. TSSF reduces trauma to children by keeping children safely in home with their families. It provides support and resources to build on family strengths. The primary goal of the Wisconsin Targeted Safety Support Funds (TSSF) Program is to keep families together by: Increasing parental protective capacities, Decreasing out-of-home placements, Helping families develop formal and informal supports and Reducing maltreatment to children.</p> <p><b>Family First initiatives</b> was signed into law in February 2018, provides and opportunity for positive change and supports ongoing efforts to keeping children and teens safely with their own family and to avoid the often traumatizing experience of unnecessary placement into the foster care system. This funding allows preventive services, within a family-based environment meaning parents, relatives, like-kin, Foster-parents and then finally institutional care if needed.</p>

	<p>calendar that meets the needs of children who are in out-of-home placements and require Independent Living Skills education/training.</p>	
<p><b>Behavioral Health</b></p>	<ol style="list-style-type: none"> <li>1) Continue to assess area needs;</li> <li>2) Increase training opportunities toward quality visitation, record keeping, filing and documentation skills;</li> <li>3) Increase training opportunities to staff for better time keeping/time log tracking/documenting;</li> <li>4) Support organization through better communication with entire staff;</li> <li>5) Increase opportunities for continuing education units/training to maintain and obtain certification for increased integrity of programming;</li> <li>6) Coordinate programming to provide visits, outreach and education to community members residing in Neopit through the use of the CIRCLE House.</li> </ol>	<p><b>Provide a broader array of AODA</b> Outpatient, Prevention, and Outreach services in a culturally responsive and developmentally appropriate way to better meet the needs of the community. NARCAN training and educational AODA prevention programming in the schools.</p> <p><b>CIRCLE House</b> use to allow for services on a daily basis to the Neopit area. The agency can bill for Walk-In Crisis Services however more effort to coordinate and organize the calendar to include Behavioral Health Services at this facility will be beneficial. Services may include: Individual sessions, Intensive Outpatient Services, Aftercare, Psychoeducation groups, Adolescent Prevention Groups, Peer Support</p> <p><b>CCS or Comprehensive Community Services Program</b> is a voluntary recovery program for children and adults. CCS is a service facilitation model designed to serve children and adults with mental health disorders and/or substance abuse disorder. Program has the capacity to capture 100% reimbursement of qualified services provided.</p> <p><b>Strength Based Assessments</b> for mental health and substance abuse needs</p> <p><b>Recovery Focused Counseling Services</b> for individuals, couples and families to address mental health and substance abuse issues</p> <p><b>24-hour crisis intervention program</b></p> <p><b>Assessment, treatment and referral services for intoxicated drivers (IDP)</b></p> <p><b>Psychiatric evaluations and psychotropic medication management</b></p> <p><b>Case Management</b> services including information and referral, assistance with accessing benefits and completing necessary applications and forms, and coordination of services for mental health and substance abuse clients</p> <p><b>Outreach, Prevention activities and Community education</b> through the use of both SOR and AODA prevention funding that promotes alcohol and drug free initiatives.</p> <p><b>Court ordered evaluations and treatment</b> for mental health and substance abuse commitments</p> <p><b>Monitoring of mental health and substance abuse commitments</b> for the greater community and for those that are incarcerated.</p> <p><b>Outpatient treatment</b> is provided to Menominee County residents on a voluntary or court ordered basis. New clients are enrolled in service programs based on availability of appointments, caseloads of current case workers and funding availability. All new clients will have an initial assessment to determine their strengths and needs.</p> <p><b>24 – Hour Crisis Intervention Services</b> - Emergency services are provided 24 hours a day, seven days a week. Services include telephone counseling, risk assessment, crisis intervention and stabilization, coordination of emergency hospitalizations and follow-up with linkage to resources.</p> <p><b>Counseling/Therapeutic Resources</b> - Individual and family therapy for mental health and substance abuse disorders are provided directly or through referral. Psychiatric and psychological services are available based on availability of appointments and funding, including the provision of Tele-health psychiatric services. The use of Tele-health technology to link providers and clients in different locations allows for quality psychiatric care with interactive consultation, assessment and pharmacological management with greater access and frequency. Tele-health increases client access to psychiatric care and reduces travel time and cost for providers.</p> <p><b>Community Support Program (CSP)</b> - CSP helps clients diagnosed with a severe and persistent mental illness to live independently in the community they choose, with services they feel improve their quality of life and meet their needs. CSP is a voluntary, recovery focused program that is very intensive. Services are provided in the clients' homes and community rather than in the office, and include psychotherapy, psychiatric care, psych-social rehabilitative living skills training. There is a restriction on the number of individuals that can be served by a case worker. Services are limited based on available funding and available case workers.</p> <p><b>Inpatient Treatment</b> - Services are arranged for emergency and non-emergency psychiatric and substance abuse hospitalizations. The Agency may assist with admission to an appropriate hospital or treatment facility, and follow up with the client regarding discharge recommendations.</p> <p><b>Detoxification</b> - Detoxification services are contracted with area hospitals to provide medically managed/safe withdrawal from alcohol and other substances.</p>



		<p><b>Community Based Treatment/Transitional Living</b> - A placement in a halfway house or a CBRF (Community Based Residential Facility) may be short term if the client is transitioning between the hospital or residential treatment and home. Long term placements may be utilized if the client needs ongoing supervision or has complex medical and psychiatric needs. Placement is provided for mental health and substance abuse clients, and is based on client needs and preferences, availability of rooms at the facilities and available funding.</p> <p><b>Intoxicated Driver Program (IDP) / Operating While Intoxicated (OWI) Assessments</b> – Assessments are provided by Certified IDP Assessors, and are conducted on clients convicted by either circuit or tribal court, of driving while intoxicated. Assessments determine the extent of a substance abuse disorder and recommendations are made</p> <p><b>Adult Protective Services (APS)</b> Is <i>an-at will service. A competent person or a guardian has a right to refuse this service.</i> Provided to any adult over 18 who is suffering from or endanger of experience: Neglect – significant danger to a person(s) physical or mental health when a person responsible for his or her care is unable or fails to provide adequate food, shelter, clothing, or medical/dental care. Self Neglect – significant danger to a person(s) physical or mental health when the person(s) is responsible for his or her own care but is unable to provide food, shelter, clothing, or medical/dental care; Physical Abuse – the willful affliction of physical pain or injury or unreasonable confinement on a person(s); Material Abuse/Financial exploitation – is the misuse of a person(s) property or financial resources; The main focus of adult protective services is to relieve the individual of any form of abuse and to maintain them in the least restrictive and safest environment. Services that may be provided: Information and Referral for outside services, Guardianship of the Person and/or Protective Placemer Residential Settings, and Case Management.</p> <p><b>Protective Placements/Representative Payee</b> is provided when individuals are unable to make appropriate decisions and require the protection of society, court intervention is sought. The law focuses on persons who have been declared incompetent. Services may occur in the community, nursing home, or other similar facility that provides the least restrictive environment to meet the person’s needs.</p> <p><b>Guardianship</b> - State statutes govern the standards and procedures for guardianship of persons who are mentally incompetent. A guardian may be appointed to manage an individual’s financial and/or personal affairs.</p>
<p><b>Fiscal</b></p>	<ol style="list-style-type: none"> <li>1) Continue to assess unit needs;</li> <li>2) Train and Educate staff regarding fiscal, contract process and grant management;</li> <li>3) Train and Educate staff regarding the importance of time keeping/time log tracking/documentation;</li> <li>4) Train and Educate staff regarding the importance of data collection and statistical analysis;</li> <li>5) Increase communication between fiscal unit and other units;</li> </ol>	<p><b>Fiduciary</b> assistance and oversight of HSD financials according to the accounting principles per Menominee County Accounting Policy and Procedures.</p>

**Goal 3: Reduce the percentage of County Levy needed to support MCHSD annual budget**

UNIT	OBJECTIVE	Programs/Services Provided
<b>Admin. and Support Operations</b>	<ol style="list-style-type: none"> <li>1) Continue to further assess area needs;</li> <li>2) Attract, retain, develop and effectively utilize a diverse workgroup;</li> <li>3) Measure and communicate system performance for each MCHSD unit with the potential for reorganizing and staff reduction;</li> <li>4) Increase training opportunities in the area of grant/funding research, writing and program development;</li> <li>5) Increase training opportunities toward quality record keeping, filing and documentation skills;</li> <li>6) Increase training opportunities to staff for better time keeping/time log tracking/documenting;</li> <li>7) Coordinate and organize the calendars for the agency, Family Advocacy Center and CIRCLE House to maximize space to save program costs</li> </ol>	<p><b>Review and monitor State/Federal and DQA</b> guidelines while reviewing any audit findings and corrective action for program/process improvement;</p> <p>Increase opportunities to <b>Train/Educate staff</b> as it relates to grants/funding, state mandates, roles and responsibilities of program services, customer service, client complaints, HIPAA/Confidentiality, client files, recordkeeping/documentation procedures, and time keeping/time log tracking/documenting;</p> <p><b>Monitor IT System</b> needs to be sure that eWisacwis and TCM are user friendly and efficient for program needs; and Maximize current space to increase revenue</p>
<b>Family Services and Family Advocacy Center</b>	<ol style="list-style-type: none"> <li>1) Continue to assess unit needs to accurately reflect each program guidelines, rules and regulations;</li> <li>2) Monitor all financial processes to be sure that we have all proper authorizations or approvals in place;</li> <li>3) Continue training opportunities to staff for better time keeping/time log tracking/documenting;</li> <li>4) Increase training opportunities in the area of grant/funding research, writing and program development;</li> <li>5) Increase training opportunities toward in-home and family teaming initiatives, quality visitation, record keeping, filing and documentation skills in order to minimize high cost of facility admissions;</li> <li>6) Coordinate and organize calendar that meets the child/family visitation schedules for children who are removed from the home and require face-to-face visits with</li> </ol>	<p>Maximize ALL Family Protection and Engagement programs/services: Children Disability Services Program Funding such as the <b>Birth to 3 Program</b> which serves children under the age of 3 with developmental delays, <b>atypical behaviors</b> and disabilities. <b>Children’s Long-Term Support Waiver Program (CLTS)</b> Is a Home and Community-Based Service (HCBS) Waiver that provides Medicaid funding for children who have substantial limitations in their daily activities and need support to remain in their home or community. Eligible children include those with developmental disabilities, severe emotional disturbances, and physical disabilities. <b>Children’s Community Options Program (CCOP)</b> provide a coordinated approach to supporting families who have a child with a disability. For all of these Children Disability Programs there are rules/regulations that must be followed to capture all funding available to this population;</p> <p><b>Child Welfare/Child Protective Services</b> provide case management, Access screen in/out and support services that include: Child in Need of Protective Services (CHIP)/Juvenile in Need of Protective Services (JIPS) petitions, safe home checks/assessments, Medical Services-Taking clients to Dr. Appointments. Tribal Daycare referrals, Kinship care referrals, Respite referrals, DV shelter referrals, AODA referrals and additional referrals include: Food distribution, Foster Care placements, Relative placements, Child Advocacy Center ex. Child forensic interviews. Behavioral Health Services referrals, Child Care referrals, Transportation services Community Resource Center referrals, Food Share program referrals, and TANF program referrals. <b>Foster Care</b> provides case management along with Child Protective Services and Child Welfare in order to place a child in a temporary, non-restrictive, safe living environment. Homes are state certified and have passed rigorous background checks and safety inspections.</p> <p><b>Independent Living Program (ILP)</b> Case management services are provided to youth who are placed in out of home care for more than six months. Services provided include: budgeting, planning, educational support, mentoring, referrals to other service providers for counseling, etc. Worked with College of Menominee Nation to enroll 3-clients.</p> <p><b>Youth Justice</b> Wisconsin Statute Chapter 938 governs Juvenile Justice. Reports are received from Law Enforcement for law violations committed by youth who have not obtained their 17th birthday. The purpose is to monitor behavior, establish rules of conduct, prevent inappropriate behavior, and provide or arrange services to address the problem.</p> <p><b>Targeted Safety Support Funds (TSSF)</b> initiative serves families when children are unsafe and at risk of removal from their</p>

	<p>family</p> <p>7) Coordinate and organize calendar that meets the needs of children who are in out-of-home placements and require Independent Living Skills education/training.</p>	<p>home. TSSF reduces trauma to children by keeping children safely in home with their families. It provides support and resources to build on family strengths. The primary goal of the Wisconsin Targeted Safety Support Funds (TSSF) Program is to keep families together by: Increasing parental protective capacities, Decreasing out-of-home placements, Helping families develop formal and informal supports and Reducing maltreatment to children.</p> <p><b>Family First initiatives</b> was signed into law in February 2018, provides and opportunity for positive change and supports ongoing efforts to keeping children and teens safely with their own family and to avoid the often traumatizing experience of unnecessary placement into the foster care system. This funding allows preventive services, within a family-based environment meaning parents, relatives, like-kin, Foster-parents and then finally institutional care if needed.</p>
<p><b>Behavioral Health</b></p>	<p>1) Continue to further assess area needs;</p> <p>7) Increase revenue opportunities by completing the steps toward the Comprehensive Community Services (CCS) certification;</p> <p>1) Expand contracting opportunities for a cost saving with agencies that provide transportation and support for emergency and non-emergency in-patient services to meet mental health needs;</p> <p>2) Increase training opportunities toward in-home and family teaming initiatives, quality visitation, record keeping, filing and documentation skills in order to minimize the high cost of facility admissions;</p> <p>3) Increase training opportunities to staff for better time keeping/time log tracking/documenting;</p> <p>4) Support organization through better communication with entire staff;</p> <p>5) Increase opportunities for continuing education units/training to maintain and obtain certification for potential program expansion and enhancements</p> <p>6) Coordinate and organize the Family Advocacy Center calendar for the Community Support Program activities for education, and skill building to meet each CSP client self-identified goals.</p>	<p><b>Provide a broader array of AODA</b> Outpatient, Prevention, and Outreach services in a culturally responsive and developmentally appropriate way to better meet the needs of the community. NARCAN training and educational AODA prevention programming in the schools.</p> <p><b>CIRCLE House</b> use to allow for services on a daily basis to the Neopit area. The agency can bill for Walk-In Crisis Services however more effort to coordinate and organize the calendar to include Behavioral Health Services at this facility will be beneficial. Services may include: Individual sessions, Intensive Outpatient Services, Aftercare, Psychoeducation groups, Adolescent Prevention Groups, Peer Support</p> <p><b>CCS or Comprehensive Community Services Program</b> is a voluntary recovery program for children and adults. CCS is a service facilitation model designed to serve children and adults with mental health disorders and/or substance abuse disorder. Program has the capacity to capture 100% reimbursement of qualified services provided.</p> <p><b>Strength Based Assessments</b> for mental health and substance abuse needs</p> <p><b>Recovery Focused Counseling Services</b> for individuals, couples and families to address mental health and substance abuse issues</p> <p><b>24-hour crisis intervention program</b></p> <p><b>Assessment, treatment and referral services for intoxicated drivers (IDP)</b></p> <p><b>Psychiatric evaluations and psychotropic medication management</b></p> <p><b>Case Management</b> services including information and referral, assistance with accessing benefits and completing necessary applications and forms, and coordination of services for mental health and substance abuse clients</p> <p><b>Outreach, Prevention activities and Community education</b> through the use of both SOR and AODA prevention funding that promotes alcohol and drug free initiatives.</p> <p><b>Court ordered evaluations and treatment</b> for mental health and substance abuse commitments</p> <p><b>Monitoring of mental health and substance abuse commitments</b> for the greater community and for those that are incarcerated.</p> <p><b>Outpatient treatment</b> is provided to Menominee County residents on a voluntary or court ordered basis. New clients are enrolled in service programs based on availability of appointments, caseloads of current case workers and funding availability. All new clients will have an initial assessment to determine their strengths and needs.</p> <p><b>24 – Hour Crisis Intervention Services</b> - Emergency services are provided 24 hours a day, seven days a week. Services include telephone counseling, risk assessment, crisis intervention and stabilization, coordination of emergency hospitalizations and follow-up with linkage to resources.</p> <p><b>Counseling/Therapeutic Resources</b> - Individual and family therapy for mental health and substance abuse disorders are provided directly or through referral. Psychiatric and psychological services are available based on availability of appointments and funding, including the provision of Tele-health psychiatric services. The use of Tele-health technology to link providers and clients in different locations allows for quality psychiatric care with interactive consultation, assessment and pharmacological management with greater access and frequency. Tele-health increases client access to psychiatric care and reduces travel time and cost for providers.</p> <p><b>Community Support Program (CSP)</b> - CSP helps clients diagnosed with a severe and persistent mental illness to live independently in the community they choose, with services they feel improve their quality of life and meet their needs. CSP is a voluntary, recovery focused program that is very intensive. Services are provided in the clients' homes and community rather than in the office, and include psychotherapy, psychiatric care, psych-social rehabilitative living skills training. There is a restriction on the number of individuals that can be served by a case worker. Services are limited based on available funding and available case workers.</p> <p><b>Inpatient Treatment</b> - Services are arranged for emergency and non-emergency psychiatric and substance abuse hospitalizations. The Agency may assist with admission to an appropriate hospital or treatment facility,</p>

and follow up with the client regarding discharge recommendations.

**Detoxification** - Detoxification services are contracted with area hospitals to provide medically managed/safe withdrawal from alcohol and other substances.

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- Fiscal**
- 1) Continue to further assess unit needs;
  - 2) Train and Educate staff regarding fiscal, contract process and grant management;
  - 3) Train and Educate staff regarding the importance of time keeping/time log tracking/documentation;
  - 4) Train and Educate staff regarding the importance of data collection and statistical analysis;
  - 5) Increase communication between fiscal unit and other units; and
  - 6) Maximize all State/Federal funding as needed and allowable.

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